



CUTANEOUS SQUAMOUS CELL CARCINOMA- A CASE REPORT

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ABSTRACT Cutaneous squamous cell carcinoma (cSCC) is a malignant neoplasm of the skin characterized by an aberrant proliferation of keratinocytes.¹

The usual presentation of skin malignancies include ulceration, growth, a change in mole, unusual form or bleeding due to various etiological factors. There exists a diagnostic challenge, as many benign conditions present similarly, thereby altering the treatment strategy.

Although Cutaneous Squamous Cell Carcinoma usually display a benign clinical behaviour, it can be both locally invasive and metastatic²

Here we report a case of an elderly female who presented with a proliferative growth in right forearm for the past 1 year, from a pre-existing mole, which on examination had features of all the three cutaneous malignancies resulting in a diagnostic uncertainty and which on further workup was diagnosed as a well differentiated squamous cell carcinoma

KEYWORDS : Cutaneous malignancies, squamous cell carcinoma

INTRODUCTION

SCC is the most common cutaneous malignancy in Asian Indians, representing 30% to 65% of skin cancers.³

The risk factors for the development are listed in Table 1.

TABLE 1. RISK FACTORS FOR THE DEVELOPMENT OF CUTANEOUS SQUAMOUS-CELL CARCINOMA.⁴

Exposure to ultraviolet radiation
Ultraviolet A
Ultraviolet B
Therapy with methoxsalen and ultraviolet A radiation
Exposure to ionizing radiation
Genodermatosis
Oculocutaneous albinism
Xeroderma pigmentosum
Infection with human papillomavirus, especially types 6, 11, 16, and 18
Exposure to chemical carcinogens Arsenic
Polycyclic aromatic hydrocarbons Immunosuppression
Organ transplantation
Leukemia and lymphoma Immunosuppressive medications
Chronically injured or diseased skin Ulcers
Sinus tracts
Osteomyelitis
Radiation dermatitis
Certain chronic inflammatory disorders, such as dystrophic epidermolysis bullosa Precursor lesions
Actinic keratoses
Arsenical keratoses
Radiation induced Keratoses
Bowen's disease (squamous-cell carcinoma in situ)
Erythroplasia of Queyrat (squamous-cell carcinoma in situ of the penis)

Prognosis is related to the location and size of tumour, histological pattern, depth of invasion, perineural involvement, and immunosuppression.⁵

Treatment modalities for SCC include cautery and ablation, cryotherapy, drug therapy including imiquimod, surgical excision, Moh's microsurgery, and radiation therapy.

However, Surgical Excision is the treatment of choice, when feasible.

CASE REPORT

An 84 year old female, a retired teacher, presented to our OPD with the chief complaints of a swelling in her right forearm for one year and pain over the swelling for 3 months. She also gave history of a mole in the same site since birth, over which she developed itching, ulceration and swelling in the course of one year which gradually progressed to attain the present size.

The patient was a diabetic on medication. The patient had no other complaints, no history of surgeries or other comorbidities.

On examination, a globular swelling of size 5x5 cm, irregular Surface and well defined margins was noted over the mid 1/3rd of the right forearm on the radial aspect. There was discolouration and areas of pigmentation on the Overlying skin. The Surrounding skin was normal. There was no general or regional lymphadenopathy. General examination of the patient did not reveal anything significant.



Fig.1- lesion over right forearm

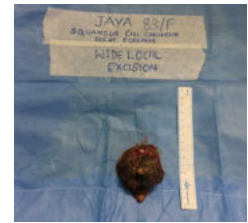


Fig 2. Excised surgical specimen



Fig 3 . Post excision.

Wide local excision was performed along with Split skin grafting and the histopathology revealed well differentiated squamous cell carcinoma with all resected margins free of tumour.

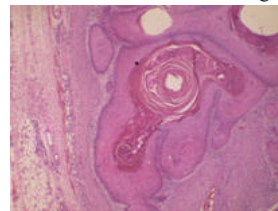


Fig 4 Histopathology showing

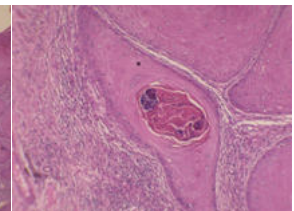


Fig 5 Lobules of atypical squamous cells with enlarged and hyperchromatic nuclei with keratin pearl

CONCLUSION

All the three cardinal cutaneous malignancies namely squamous cell carcinoma, Basal cell carcinoma and melanoma can have overlapping presentations as nodular, polyploid, ulcerating or proliferative lesions with close resemblance to each other resulting in misdiagnosis. The proper diagnosis of these tumours is essential for planning additional work up and management.

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